

**POLITICAL/ISSUE ADVERTISING  
INQUIRY/REQUEST PUBLIC FILE FORM**

**Instructions:** *This form must be completed as to all requests, both oral and written, for broadcast time (1) to be used by or on behalf of a candidate for public office, or (2) involving a controversial issue of public importance (including political and legislative matters where there is no "use" by a legally qualified candidate). This form and its attachments are to be kept in the station's Public Inspection File for a period of two years.*

1. Date and time of request: 7/16/20
2. Name of the person making request: Kelly Polce
3. Agency (if any): GMMB
4. Address of agency: 3050 K St NW #100  
Washington, DC 20007
5. Telephone number of agency: 202-338-8700
6. Name of candidate or description of issue: AARP
7. Name of candidate's authorized committee or name of issue ad sponsor: AARP
8. Address of candidate's committee or issue ad sponsor contact: AARP 601 E St NW, Washington,  
DC 200049
9. Telephone number of candidate's committee or issue ad sponsor contact: \_\_\_\_\_
10. If the purchaser is not an individual, list the chief executive officers or members of the executive committee or of the board of directors of the entity or entities that is/are paying for the advertising (include treasure or candidate's committee, if candidate ad) (use additional pages if necessary):  

Name: <u>Jodi Sakol</u>	Title: <u>VP, Campaign Outreach</u>
Name: <u>David Rosenberg</u>	Title: <u>Direct of Brand Advertising</u>
Name: _____	Title: _____
Name: _____	Title: _____
Name: _____	Title: _____

11. Programs or times requested  
(use additional pages if necessary): \_\_\_\_\_ all \_\_\_\_\_
12. Dates requested  
(use additional pages if necessary): \_\_\_\_\_ Sunday 7/19/20 \_\_\_\_\_
13. Class of time requested  
(use additional pages if necessary): \_\_\_\_\_
14. Length of spot/program time requested  
(use additional pages if necessary): \_\_\_\_\_ :30s \_\_\_\_\_
15. Request made: In writing? \_\_\_\_\_ Orally? \_\_\_\_\_  
(if in writing, attach and retain)
16. Disposition of request: Granted \_\_\_\_\_  
Not Granted \_\_\_\_\_

If not granted, state reason or reasons in space below. If denied in writing, attach and retain.

If granted, attach contract, invoice and schedule of date and time on which the ad(s) actually aired, when available.)

17. If granted, rate charged  
(use additional pages if necessary): \_\_\_\_\_

*If the advertisement refers to a candidate (candidate or issue ad), please complete Questions 18-23.*

18. Name of candidate  
(if different from Question 6 above): \_\_\_\_\_
19. Political party of candidate: \_\_\_\_\_
20. Office for which candidate is running: \_\_\_\_\_
21. Is it a: Federal Office? \_\_\_\_\_ State Office? \_\_\_\_\_  
Local Office? \_\_\_\_\_
22. Election for which candidate is  
campaigning: \_\_\_\_\_
23. Date of election: \_\_\_\_\_

*If the request is by or on behalf of a candidate, please complete Questions 24-26.*

24. Request for documentation that candidate is legally qualified. (Attach any written documentation received.) Yes \_\_\_\_\_ No \_\_\_\_\_
25. Date Political Disclosure Form submitted to requestor: \_\_\_\_\_
26. If federal candidate, has candidate or authorized committee signed Bipartisan Campaign Reform Act (BCRA) Certification? Yes \_\_\_\_\_ No \_\_\_\_\_  
(attach copy)

COMMENTS:

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